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**Professional Training Program | Level III**

**The Assessment and Treatment of Traumatic Dissociation in
Children and Adolescents**

Curriculum for 2025

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**Intended Participants:** Licensed mental health professionals (psychiatrists, psychologists, clinical social workers, mental health counselors, accredited psychotherapists, etc.) who have completed Levels I and II of the ISSTD Professional Training Program and are interested in developing their skills in treating child and adolescent clients with complex trauma related disorders.

**Course Format:** Nine, two and a half hour sessions of literature discussion, lecture, discussion of a “teaching case” and discussion of participant cases.

**Course Materials:** Required textbooks are listed below and must be purchased by the participant. Additional materials including journal articles and handouts will be provided at no cost via the online course portal. Access to the course portal is provided immediately upon registration.

* **Recommendation:** We recommend that you join ISSTD. Membership in ISSTD gives you free access to every past issue of the Journal of Trauma & Dissociation and a wealth of clinical articles and discussions from past issues of ISSTD News.

**Required Texts**

1. Sinason, V., & Renée Potgieter Marks. (2022). *Treating Children with Dissociative Disorders*. Routledge.
2. Silberg, J. L. (2021). *The Child Survivor: Healing Developmental Trauma and Dissociation*. Routledge.

**Required Articles** (Provided via Course Portal Upon Registration):

* Baita, S. (2020). Environmental safety: The starting point in the treatment of children with dissociation. *Frontiers in the Psychotherapy of Trauma and Dissociation,* 4(1), 93-104.
* Brown, L. S. (2020). Institutional Cowardice: A Powerful, Often Invisible Manifestation of Institutional Betrayal. *Journal of Trauma & Dissociation*, *22*(3), 241–248.
* Cardeña, E., Gušić, S., & Cervin, M. (2022). A network analysis to identify associations between PTSD and dissociation among teenagers. *Journal of Trauma & Dissociation*, *23*(4), 432-450.
* Choi, K. R., Ford, J. D., Briggs, E. C., Munro-Kramer, M. L., Graham-Bermann, S. A., & Seng, J. S. (2019). Relationships Between Maltreatment, Posttraumatic Symptomatology, and the Dissociative Subtype of PTSD Among Adolescents. *Journal of Trauma & Dissociation*, *20*(2), 212–227.
* Cintron, G., Salloum, A., Blair-Andrews, Z., & Storch, E. A. (2017). Parents’ descriptions of young children’s dissociative reactions after trauma. *Journal of Trauma & Dissociation*, *19*(5), 500–513.
* Findley, E., & Praetorius, R. T. (2023). Points of foster parent stress in the system: A qualitative interpretive meta-synthesis. *Children and Youth Services Review*, 150(4),
* Ford, J. D., Spinazzola, J., & van der Kolk, B. (2021). Psychiatric comorbidity of developmental trauma disorder and posttraumatic stress disorder: Findings from the DTD field trial replication (DTDFT-R). *European Journal of Psychotraumatology*, *12*(1), 1929028.
* Forner, C. (2019). Mindful attachment: An organic way to work with children who have been through complex trauma and neglect. *Frontiers in the Psychotherapy of Trauma and Dissociation, 3*(1), 91-106.
* Gilson, M. L., & Abela, A. (2021). The Therapeutic Alliance with Parents and their Children Working Through a Relational Trauma in the Family. *Contemporary family therapy*, *43*(4), 343–358.
* Hamby, S., Taylor, E., Mitchell, K., Jones, L., & Newlin, C. (2019). Poly-victimization, trauma, and resilience: Exploring strengths that promote thriving after adversity. *Journal of Trauma & Dissociation, 21*(3), 376-395.
* International Society for the Study of Dissociation. (2004). Guidelines for the evaluation and treatment of dissociative symptoms in children and adolescents. *Journal of Trauma & Dissociation*, *5*(3), 119-150.
* Kirlic, N., Cohen, Z. P., & Singh, M. K. (2020). Is there an ace up our sleeve? A review of interventions and strategies for addressing behavioral and neurobiological effects of adverse childhood experiences in youth. *Adversity and resilience science*, *1*(1), 5-28.
* Lewis, J., Binion, G., Rogers, M., & Zalewski, M. (2019). The Associations Of Maternal Emotion Dysregulation And Early Child Dissociative Behaviors. *Journal of Trauma & Dissociation*, *21*(2), 203–216.
* Middleton, J., Harris, L. M., Matera Bassett, D., & Nicotera, N. (2022). “Your soul feels a little bruised”: Forensic interviewers’ experiences of vicarious trauma. *Traumatology, 28*(1), 74–83.
* Ortega-Williams, A., Beltrán, R., Schultz, K., Henderson, Z., R-G., Colón, L., & Teyra, C. (2021). An integrated historical trauma and posttraumatic growth framework: A cross-cultural exploration. *Journal of Trauma & Dissociation, 22*(2), 220-240.
* Perry, B. D., & Hambrick, E. P. (2008). The neurosequential model of therapeutics. *Reclaiming children and youth*, *17*(3), 38-43.
* Shewfelt, M. (2018). The Relationship is the therapy: Applying interpersonal neurobiology in psychotherapy. *The Neuropsychotherapist*, 6(12), 62-71.
* Spinazzola, J., Kolk, B., & Ford, J. D. (2021). Developmental Trauma Disorder: A Legacy of Attachment Trauma in Victimized Children. *Journal of Traumatic Stress*, *34*(4). 711-720.
* Tyler, K. A., & Schmitz, R. M. (2018). A comparison of risk factors for various forms of trauma in the lives of lesbian, gay, bisexual and heterosexual homeless youth. *Journal of trauma & dissociation: the official journal of the International Society for the Study of Dissociation (ISSD)*, 19(4), 431–443.
* Woolard, A., Boutrus, M., Bullman, I., Wickens, N., Gouveia Belinelo, P. D., Solomon, T., & Milroy, H. (2024). Treatment for childhood and adolescent dissociation: A systematic review. *Psychological trauma: theory, research, practice, and policy*.

**Required Webinars and Recordings** (Provided via Course Portal Upon Registration):

* Ford, J. & Zelechski, A. (Hosts). (2021, November 17). Understanding Dissociation (No. 5) [Audio podcast episode]. In *Roadmap to Resilience: Supporting Children Experiencing Stress and Trauma*.
* Gomez, A. *A multimodal approach to aggression & violence within the context of complex trauma & dissociation*. *2022 ISSTD Webinar Series*. Virtual.
* Hosey, J., & Bennett, B.-J. *Assessing for Dissociation: Improving Treatment Outcomes to Promote Post-traumatic Growth in Trauma Therapy with Children and Youth*. *Compounding and Confounding Components in the Assessment, Treatment, and Healing from Complex Trauma and Dissociation (2022 Virtual Conference)*. Virtual.
* National Child Traumatic Stress Center. (2018). *Helping a Family Cope with the Threat or Revictimization.*
* National Child Traumatic Stress Center. (2020). *How Race, Ethnicity, Culture, and Identity Impact Treatment of Trauma*.
* National Child Traumatic Stress Center. (2019). *Managing Parental Dissociation During a Dyadic Therapy Session: Meeting the Needs of a Dysregulated Parent and Child*
* Shesadri, S. Public Child Mental Health Approaches to Childhood Trauma*. 2024 ISSTD Webinar Series*. Virtual.
* van Eys, P. *Assessing Complex Trauma and Dissociation in Youth with an Intergenerational Lens*. *The World Congress on Intergenerational Trauma (2021 Annual Conference)*. Virtual.
* Waters, F. S., & van Eys, P. Perception is reality: Helping systems view childhood dissociation through a complex lens. *Against the Grain: Shifting the Societal Denial of Dissociation (2023 Annual Conference).* Virtual.

**Additional Materials** (Provided via Course Portal Upon Registration):

* Case Study
* ISSTD Child and Adolescent Fact Sheets – Caregivers, School, Medical, and Child Welfare

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**Session One**

Models of Dissociation in Children (Theory, Research and Neurobiology)

**Abstract**
Symptom manifestations of complex trauma and dissociation in children and adolescents differ from those in adult populations in that they occur within the context of development and may mimic other challenges and conditions. Contemporary literature on this subject is slow growing, despite a widely known recognition that suffering starts in childhood, has a deleterious impact on development, and may be part of a larger intergenerational history of traumatization. Through a presentation of different developmental and attachment related theories and relevant neurobiology, this class will provide a frame for how we may understand the emergence of complex trauma symptomatology and dissociative features and conditions in childhood.

**Learning Objectives**

At the conclusion of this session, participants will be able to:

* Describe at least two theoretical models for conceptualizing and treating complex trauma symptomatology in children and adolescents
* Discuss the relationship between early attachment, traumatization, and dissociation
* Identify the correlation between primary caregiver affect dysregulation and early dissociative symptoms in children

**Readings**

1. Silberg, J. (2021). An Integrative Developmental Model of Dissociation. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp. 21-39). Routledge.
2. Liotti, G. (2022). Infant Attachment and Dissociative Psychopathology: An Approach Based on The Evolutionary Theory of Multiple Motivational Systems. In V. Sinason & R. Potgieter Marks (Eds.), *Treating Children with Dissociative Disorders: Attachment, Trauma, Theory and Practice* (pp. 10-26). Routledge.
3. Moore, M. S. (2022). Importance of Attachment in the Presence of a Perceived Threat. In V. Sinason & R. Potgieter Marks (Eds.), *Treating Children with Dissociative Disorders: Attachment, Trauma, Theory and Practice* (pp. 27-33). Routledge.
4. Waters, F. (2022). Star Theoretical Model: An Integrative Model for Assessing and Treating Childhood Dissociation. In V. Sinason & R. Potgieter Marks (Eds.), *Treating Children with Dissociative Disorders: Attachment, Trauma, Theory and Practice* (pp. 73–98). Routledge.
5. Spinazzola, J., Kolk, B., & Ford, J. D. (2021). Developmental Trauma Disorder: A Legacy of Attachment Trauma in Victimized Children. *Journal of Traumatic Stress*, *34*(4). 711-720.
6. Lewis, J., Binion, G., Rogers, M., & Zalewski, M. (2019). The Associations Of Maternal Emotion Dysregulation And Early Child Dissociative Behaviors. *Journal of Trauma & Dissociation*, *21*(2), 203–216.

**Timed Outline**

30 Minutes: Discussion of Readings 1 & 4 - An integrative and developmental frame to conceptualizing and treating dissociation in children

30 Minutes: Discussion of Readings 2 & 3 - The role of attachment in the conceptualization and treatment of child and adolescent dissociation

30 Minutes: Discussion of Reading 5 - Developmental Trauma Disorder

30 Minutes: Discussion of Reading 6 - Exploring caregiver dysregulation as a pathway to early dissociative symptoms in children

30 Minutes: Discussion of case materials applying the above readings to disguised case.

**Session Two**

Dissociative Symptomatology in Children and Adolescents Across Development

**Abstract**

Identifying the presence of developmental trauma and dissociation is essential to implementing effective treatment. Developmental trauma frequently results in complex presentations. Symptoms of developmental trauma and dissociation overlap with and occur alongside symptoms of other disorders. This may result in misdiagnoses, missed diagnoses, and diagnostic overshadowing that can delay effective treatment and contribute to prolonged suffering. This module outlines the developmental sequelae associated with complex trauma during childhood, including subsequent neurobiological impacts, common mental health symptoms, and behavioral presentations. Emphasis is placed on identifying dissociative responses in young clients.

**Learning Objectives**

At the conclusion of this session, participants will be able to:

* Define developmental trauma and discuss three ways in which it disrupts healthy development
* Describe the adaptive function of dissociation during traumatic experiences
* Identify five behavioral manifestations of dissociation post-trauma
* Discuss three ways in which symptoms of developmental trauma may mimic or overlap with those of other mental and behavioral disorders

**Readings**

1. Silberg, J. (2021). Trauma and Its Effects. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp. 1–21). Routledge.
2. Hawton, Z. (2022). The Price that Society and the Individual Victim Pays. In V. Sinason & R. Potgieter Marks (Eds.), *Treating Children with Dissociative Disorders: Attachment, Trauma, Theory and Practice* (pp. 213–236). Routledge.
3. Choi, K. R., Ford, J. D., Briggs, E. C., Munro-Kramer, M. L., Graham-Bermann, S. A., & Seng, J. S. (2019). Relationships Between Maltreatment, Posttraumatic Symptomatology, and the Dissociative Subtype of PTSD Among Adolescents. *Journal of Trauma & Dissociation*, *20*(2), 212–227.
4. Cintron, G., Salloum, A., Blair-Andrews, Z., & Storch, E. A. (2017). Parents’ descriptions of young children’s dissociative reactions after trauma. *Journal of Trauma & Dissociation*, *19*(5), 500–513.
5. Ford, J. D., Spinazzola, J., & van der Kolk, B. (2021). Psychiatric comorbidity of developmental trauma disorder and posttraumatic stress disorder: findings from the DTD field trial replication (DTDFT-R). *European Journal of Psychotraumatology*, *12*(1), 1929028.

**Audio recording**

1. Ford, J. & Zelechski, A. (Hosts). (2021, November 17). Understanding Dissociation (No. 5) [Audio podcast episode]. In *Roadmap to Resilience: Supporting Children Experiencing Stress and Trauma*.

**Timed Outline**

30 Minutes: Discussion of Readings 1 & 2 – The effects of developmental trauma on development

30 Minutes: Discussion of Audio recording 1 – Understanding dissociation

30 Minutes: Discussion of Reading 3 and 4 – Identifying dissociation in children and adolescents

30 Minutes: Discussion of Reading 5 – Psychiatric comorbidities of developmental trauma

30 Minutes: Discussion of case materials applying the above readings to disguised cases

**Session Three**

Screening and Assessment of Dissociation in Children and Adolescents

**Abstract**

This module sets a framework for exploring and understanding dissociative symptoms as survival tactics necessary for coping with past trauma, that therapist and client mutually affirm. Exploring five classes of symptoms related to dissociation, sometimes with the aid of screening tools and clinical techniques, helps client and therapist arrive at a shared working model of how dissociation has protected them and currently gets in the way of accomplishing goals. Issues of diagnostic classification, differential diagnosis, and co-morbidity are revisited.

**Learning Objectives**

At the conclusion of this session, participants will be able to:

* Describe, with examples, the five classes of symptoms related to dissociation
* Use several screening and diagnostic assessment tools designed for child and/or adolescent dissociative symptoms
* Discuss the importance of a thorough exploration of transition moments as they relate to a shift in self-states into problematic symptoms and behaviors
* Explain the concept of Imaginary Friends as it relates to “transitional identities” and likely precursors to dissociative self-states
* Compare and contrast transdiagnostic symptoms that may suggest dissociation and/or competing diagnoses

**Readings**

1. Silberg, J. (2021). Diagnostic Considerations. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp. 39–47). Routledge.
2. Silberg, J. (2021). Assessing Dissociative Processes. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp. 47–69). Routledge.
3. Baita, S. (2022). The Inside-Outside Technique: exploring dissociation and fostering self-reflection. In V. Sinason & R. Potgieter Marks (Eds.), *Treating Children with Dissociative Disorders: Attachment, Trauma, Theory and Practice* (pp. 155–167). Routledge.
4. Cardeña, E., Gušić, S., & Cervin, M. (2021). A Network Analysis to Identify Associations between PTSD and Dissociation among Teenagers. *Journal of Trauma & Dissociation*, *23*(4), 1–19.

**Webinars**

1. Hosey, J., & Bennett, B.-J. *Assessing for Dissociation: Improving Treatment Outcomes to Promote Post-traumatic Growth in Trauma Therapy with Children and Youth*. *Compounding and Confounding Components in the Assessment, Treatment, and Healing from Complex Trauma and Dissociation (2022 Virtual Conference)*. Virtual.
2. van Eys, P. *Assessing Complex Trauma and Dissociation in Youth with an Intergenerational Lens*. *The World Congress on Intergenerational Trauma (2021 Annual Conference)*. Virtual.

**Timed Outline**

30 Minutes: Discussion of Readings 1– Diagnostic considerations

30 Minutes: Discussion of Readings 2 & 3, and Webinar 1 – Assessing dissociative processes

30 Minutes: Discussion of Readings 2 and Webinar 1 (cont.) – Screening and diagnostic assessment tools

30 Minutes: Discussion of Reading 4 and Webinar 2 – Assessing the child in context

30 minutes: Introduction of the case study

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**Session Four**

Case Conceptualization, Treatment Guidelines, & Treatment Principles

**Abstract:** This class will focus on how to utilize clinical information gathered as part of a comprehensive assessment process to develop case conceptualization as a guide to treatment planning and implementation. Dissociation specific treatment guidelines and principles will be introduced as a guide and frame to treatment. Essential aspects related to the role of the therapist, psychoeducation and work with families, cultural considerations, and neurobiological and attachment related considerations will be explored.

**Learning Objectives**

At the conclusion of this session, participants will be able to:

* Identify core principles and goals in the treatment of dissociation in children and adolescents
* Describe the use of a child-centered family therapy frame to the treatment of dissociation in children
* Discuss the use of at least one cross-cultural conceptual framework related to experiences of ongoing systemic violence and discrimination

**Readings**

1. Silberg, J. (2021). Beginning the Treatment Journey. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp. 69–76). Routledge.
2. Silberg, J. (2021). Child-Centered Family Therapy: Family tTeatment as Adjunct to Dissociation-focused Interventions. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp. 205-221). Routledge.
3. Hasler, J. (2022). A Journey of Discovery. In V. Sinason & R. Potgieter Marks (Eds.), *Treating Children with Dissociative Disorders: Attachment, Trauma, Theory and Practice* (pp. 198-212). Routledge.
4. International Society for the Study of Dissociation. (2004). Guidelines for the evaluation and treatment of dissociative symptoms in children and adolescents. *Journal of Trauma & Dissociation*, *5*(3), 119-150.
5. Ortega-Williams, A., Beltrán, R., Schultz, K., Henderson, Z., R-G., Colón, L., & Teyra, C. (2021). An integrated historical trauma and posttraumatic growth framework: A cross-cultural exploration. *Journal of Trauma & Dissociation, 22*(2), 220-240.
6. Perry, B. D., & Hambrick, E. P. (2008). The neurosequential model of therapeutics. *Reclaiming children and youth*, *17*(3), 38-43.

**Timed Outline**

30 minutes: Discussion of Readings 1, 2, & 3 – Treatment principles, therapeutic process, and working systemically with families

30 minutes: Discussion of Reading 4 - Treatment Guidelines

30 minutes: Discussion of Reading 5 – Cross-cultural exploration of post traumatic growth as a treatment frame

30 minutes: Discussion of Reading 6 – Conceptualization through the Neurosequential Model of Therapeutics (NMT)

30 minutes: Discussion of case study and case materials applying the above readings to disguised cases

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**Session Five**

Stabilization (Phase 1) and the Therapeutic Relationship

1. **Abstract:** In working with both the whole child and the systems within which they exist and navigate, this class will explore the initial foundations of stabilization work with complexly traumatized children. After establishing a frame, the first phase of treatment with children and adolescents focuses on safety and stabilization. Tasks in this phase include the establishment of a therapeutic alliance with both caregivers and young clients, providing developmentally appropriate psychoeducation as treatment begins, mapping internal states, and striving to better understand the unique motivations behind sustained dissociative symptoms and features in children. This includes a focus on (re)building child and family specific safety, emotional literacy, co-regulatory skills via affect regulation and modulation, somatic considerations, and the (re)development of trust and attachment across internal affective states and with external safe caregiving systems. Time will be given to discuss case material as it relates to the readings.

**Learning Objectives**

At the conclusion of this session, participants will be able to:

* Describe the use of the EDUCATE Model as a way of organizing complex trauma and dissociation focused treatment with children
* Discuss the importance of the therapeutic alliance with both clients and their caregivers
* List at least three ways of building attachment and collaboration across states of being

**Readings**

1. Silberg, J. (2021). Introducing the EDUCATE MODEL. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp.77-96). Routledge.
2. Silberg, J. (2021). Befriending the Body: Somatic considerations for the child survivor. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp.139-158). Routledge.
3. Silberg, J. (2021). Building attachment across states: Affect regulation in the context of relationships In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp.183-204). Routledge.
4. Forner, C. (2019). Mindful attachment: An organic way to work with children who have been through complex trauma and neglect. *Frontiers in the Psychotherapy of Trauma and Dissociation, 3*(1), 91-106.
5. Gilson, M. L., & Abela, A. (2021). The Therapeutic Alliance with Parents and their Children Working Through a Relational Trauma in the Family. *Contemporary family therapy*, *43*(4), 343–358.
6. Shewfelt, M. (2018). The Relationship is the therapy: Applying interpersonal neurobiology in psychotherapy. *The Neuropsychotherapist*, 6(12), 62-71.

**Timed Outline**

30 minutes: Discussion of Reading 1– Organizing dissociation focused treatment with children

30 minutes: Discussion of Reading 2 & 3– Building safety and attachment across states via affect regulation, modulation, and befriending the body

30 minutes: Discussion of Reading 5 – Building the therapeutic alliance with caregiving systems

30 minutes: Discussion of Reading 4 & 6 – Mindful attachment, the therapeutic relationship, and interpersonal neurobiology

30 minutes: Discussion of case study and case materials applying the above readings to disguised cases

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**Session Six**

The Stabilization of Safety Concerns Across all Phases of Treatment (Phase 1)

**Abstract**

This module continues the discussion of the stabilization phase of treatment, with an emphasis on introducing concrete clinical skills for bridging dissociative states and addressing safety concerns. Clinicians will learn strategies for working with dissociation while it is occurring in session. As children and adolescents with developmental trauma are at an elevated risk for engaging in risky behaviors, it is essential that clinicians understand the functions of these behaviors from the lens of trauma and dissociation, and have tools for addressing these behaviors as a means of reducing risk of harm. As dissociation is a normative response during traumatic experiences, external safety is generally considered a prerequisite to internal stabilization. Clinicians need to understand their ethical and legal responsibilities for addressing ongoing victimization.

**Learning Objectives**

At the conclusion of this session, participants will be able to:

* Assess a traumatized child’s current environmental safety by asking three fundamental questions
* Describe three clinical techniques to assist a child in bridging dissociative states
* Discuss the role of attachment disruptions and dissociation in understanding self-harm and aggression

**Readings**

1. Silberg, J. (2022). Bridging the selves: Healing through connections to what’s hidden. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp. 97-119). Routledge.
2. Silberg, J. (2022). Working with Dissociative Shutdown symptoms. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp. 159-182). Routledge.
3. Sachs, A. (2022). Severe and unusual self-harm in DID. In V. Sinason & R. Potgieter Marks (Eds.), *Treating Children with Dissociative Disorders: Attachment, Trauma, Theory and Practice* (pp. 168-178). Routledge.
4. Tyler, K. A., & Schmitz, R. M. (2018). A comparison of risk factors for various forms of trauma in the lives of lesbian, gay, bisexual and heterosexual homeless youth. *Journal of Trauma & Dissociation*, *19*(4), 431–443.
5. Baita, S. (2020). Environmental safety: The starting point in the treatment of children with dissociation. *Frontiers in the Psychotherapy of Trauma and Dissociation, 4*(1), 93-104,

**Webinar**

1. Gomez, A. *A multimodal approach to aggression & violence within the context of complex trauma & dissociation*. *2022 ISSTD Webinar Series*. Virtual.

**Timed Outline**

30 minutes: Discussion of Readings 1 & 2 – Working with dissociation in session

30 minutes: Discussion of Reading 3 – Understanding and addressing self-harm

30 minutes: Discussion of Webinar 1 – Understanding and addressing aggression

30 minutes: Discussion of Readings 4 & 5 – Addressing environmental safety concerns

30 minutes: Discussion of case study and case materials applying the above readings to disguised cases

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**Session Seven**

Collaboration, Advocacy, and Working with Other Involved Professionals

**Abstract**This module acknowledges the challenging, yet essential role, of mental health providers as they advocate and educate within child serving systems. Key principles in this module include:

1. Effective communication and collaboration throughout the many milieus in which a child lives, learns, and plays with an emphasis on shared practical solutions
2. Advocating for exceptions and/or creative solutions around funding and systemic restrictions to ensure effective and ethical treatment of complex trauma and dissociation
3. Ethical decision-making, role definition, comportment, and meaningful education within the legal system
4. Leveraging the family system, specifically non-offending caregivers, as therapeutic partners and learning “abuse-proofing” in family systems entangled in the on-going possibility of continued abuse

**Learning Objectives**

After the completion of this class, participants will be able to:

* Discuss therapists’ essential role in collaborating with multiple parts of the child’s milieu in treatment
* Identify ethical responsibilities, boundaries, and education strategies for interfacing with the legal system
* Describe practical and/or creative strategies to ensure sufficient treatment length, continuity of care, and funding for child clients with complex trauma/dissociation
* Discuss specific techniques to employ with non-offending parents to gain their understanding and assistance as therapeutic partners
* Analyze and describe “abuse-proofing” strategies and resources

**Readings**

1. Silberg, J. (2022). Interfacing with Systems: The therapist as Activist. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp. 284-297). Routledge.
2. Forner, C. (2022). The Power of Care: The healing that comes from teaching non-offending parents how to regulate their child after physical and sexual abuse. In V. Sinason & R. Potgieter Marks (Eds.), *Treating Children with Dissociative Disorders: Attachment, Trauma, Theory and Practice* (pp. 98-115). Routledge.
3. Findley, E., & Praetorius, R. T. (2023). Points of foster parent stress in the system: A qualitative interpretive meta-synthesis. *Children and Youth Services Review*, *150*, 106966
4. Middleton, J., Harris, L. M., Matera Bassett, D., & Nicotera, N. (2022). “Your soul feels a little bruised”: Forensic interviewers’ experiences of vicarious trauma. *Traumatology, 28*(1), 74–83
5. Brown, L. S. (2021). Institutional cowardice: A powerful, often invisible manifestation of institutional betrayal. *Journal of Trauma & Dissociation*, *22*(3), 241-248

**Additional Materials**

1. ISSTD Child and Adolescent Fact Sheets – Caregivers, School, Medical, and Child Welfare

**Webinars**

1. Waters, F. S., & van Eys, P. Perception is reality: Helping systems view childhood dissociation through a complex lens. *Against the Grain: Shifting the Societal Denial of Dissociation (2023 Annual Conference).* Virtual.
2. Shesadri, S. Public Child Mental Health Approaches to Childhood Trauma*. 2024 ISSTD Webinar Series*. Virtual.

**Timed Outline**

30 minutes: Discussion of Reading 1 and Webinar 1 – Advocating within systems

30 minutes: Discussion of Readings 2and 4and Additional Materials – Working with caregivers and the child protection system

30 minutes: Discussion of Reading 4 and Webinar 2 – Working with the justice system.

30 minutes: Discussion of Reading 5 – Working with institutions

30 minutes: Discussion of case study and case materials applying the above readings to disguised cases

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**Session Eight**

Trauma Processing (Phase 2)

**Abstract:** While many of the tasks of safety and stabilization will re-emerge, this class will focus on desensitizing and processing traumatic memories as part of integrating past and present experiences. This includes themes related to the components of memory work, planning and the use of developmentally appropriate analogy, relevant preparation and pacing considerations for both parents and children, identifying barriers, managing flashbacks, and the intersections of race, culture, ethnicity, and identity in treatment.

**Learning Objectives**

At the conclusion of this session, participants will be able to:

* Identify the importance of trauma processing with dissociative children and adolescents
* Describe the central components of memory processing with dissociative children and adolescents
* Name at least two therapeutic interventions or modalities used to treat children and adolescents presenting with dissociative symptoms and/or disorders
* Discuss the use of analogy as part of psychoeducation and trauma processing with dissociative children and adolescents

**Readings**

1. Silberg, J. (2022). Interfacing with Systems: Rewriting the script: Processing traumatic memories and resolving flashbacks. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp. 222-253). Routledge.
2. Struik, A.. (2022). Structuring Treatment for Dissociative Children with the Sleeping Dogs Method. In V. Sinason & R. Potgieter Marks (Eds.), *Treating Children with Dissociative Disorders: Attachment, Trauma, Theory and Practice* (pp. 98-115). Routledge.
3. Woolard, A., Boutrus, M., Bullman, I., Wickens, N., Gouveia Belinelo, P. D., Solomon, T., & Milroy, H. (2024). Treatment for childhood and adolescent dissociation: A systematic review. *Psychological trauma: theory, research, practice, and policy*.

**Videos**

1. National Child Traumatic Stress Center. (2020). *How Race, Ethnicity, Culture, and Identity Impact Treatment of Trauma*.
2. National Child Traumatic Stress Center. (2019). *Managing Parental Dissociation During a Dyadic Therapy Session: Meeting the Needs of a Dysregulated Parent and Child*

**Timed Outline**

30 minutes: Discussion of Reading 2 – Structuring trauma processing

30 minutes: Discussion of Reading 1 – Processing traumatic memories and resolving flashbacks

30 minutes: Discussion of Reading 3 – Models of the treatment of dissociation in children

30 minutes: Discussion of Videos 1 & 2 – Racial and cultural considerations, managing parental dissociation

30 minutes: Discussion of case study and case materials applying the above readings to disguised cases

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**Session Nine**

Integration and Post-Integration Work (Phase 3)

**Abstract**: This session focuses on the ending stage of therapy wherein differentiated elements of a child client’s system become increasingly integrated toward a higher complexity of “self.” This includes the gradual process of integration with inevitable bumps in the road, the tensions that may arise such as gender dysphoria, and existential conundrums such as forgiving self and forgiving abusers. Techniques for healthy closure, metaphors for integration, a focus on changing beliefs/cognitions, and observable traits of “integrated” child clients are covered. Finally, a focus on taking care of clinicians is emphasized because treating traumatized children can sometimes be debilitating and demoralizing.

**Learning Objectives**

At the conclusion of this session, participants will be able to:

* Discuss the main skills learned in treatment and how these will continue to aid the child’s development
* Explain the Cycle of Traumatic Demoralization and the three steps of the self-forgiveness ritual that can break the cycle
* Identify healthy cognitions and beliefs that are especially helpful for traumatized youth
* List at least three observable traits of “integrated” children
* Discuss four challenges in the end stage of treatment

**Readings**

1. Silberg, J. (2022). Integration of self: Towards a Healing Future. In *The Child Survivor: Healing Developmental Trauma and Dissociation* (pp. 298-314). Routledge.
2. Hamby, S., Taylor, E., Mitchell, K., Jones, L., & Newlin, C. (2019). Poly-victimization, trauma, and resilience: Exploring strengths that promote thriving after adversity. *Journal of Trauma & Dissociation, 21*(3), 376-395.
3. Kirlic, N., Cohen, Z. P., & Singh, M. K. (2020). Is there an ace up our sleeve? A review of interventions and strategies for addressing behavioral and neurobiological effects of adverse childhood experiences in youth. *Adversity and resilience science*, *1*(1), 5-28.

**Webinars**

1. National Child Traumatic Stress Center. (2018). *Helping a Family Cope with the Threat or Revictimization.*

**Timed Outline**

30 minutes: Discussion of Reading 1 – Integration of self

30 minutes: Discussion of Reading 2 – Strengths and resilience

30 minutes: Discussion of Reading 3 – Improving long-term outcomes

30 minutes: Discussion of Webinar 1 – Coping with threat or revictimization

30 minutes: Discussion of case study and case materials applying the above readings to disguised cases

**Recommended Readings and Webinars**

Session One

* Lang, A. J., & Gartstein, M. A. (2017). Intergenerational transmission of traumatization: Theoretical framework and implications for prevention. *Journal of Trauma & Dissociation*, *19*(2), 162–175.

Session Two

* Ensink, K., Bégin, M., Normandin, L., Godbout, N., & Fonagy, P. (2017). Mentalization and dissociation in the context of trauma: Implications for child psychopathology. *Journal of Trauma & Dissociation, 18*(1), 11-30.

Session Four

* Schore, A. N. (2022). Attachment trauma and the developing right brain: Origins of pathological dissociation and some implications for psychotherapy. In Dissociation and the Dissociative Disorders (pp. 177-208). Routledge.

Session Five

* Shilson, K., & Sharpe Lorhasbe, R. (2020, October). Somatic methods for affect regulation of traumatized youth. Presentation for the International Society for the Study of Trauma and Dissociation’s 2020 Virtual Conference.
* Waters, F. S., & Silberg, J. (2020, April). Where to start first? Treating dissociative youth with high rates of comorbidity. Live webinar presentation for the International Society for the Study of Trauma and Dissociation.
* National Child Traumatic Stress Center. (2018). *Finding connection: Therapist attunement and self-regulation when clients shut down or dissociate.*

Session Six

* Gomez-Perales, N. (2022, April). Attachment focused toolbox: Phase oriented strategies for treating complex trauma and dissociation in children and adolescents. Presentation for the International Society for the Study of Trauma and Dissociation’s 2022 Annual Conference, Seattle, Washington.
* National Child Traumatic Stress Center. (2018). *Understanding and working with dissociative states states.*

Session Eight

* Archer, D. (2022, October). Empowering youth and families: Anti-racist psychotherapy using EMDR therapy. Presentation at the International Society for the Study of Trauma and Dissociation’s 2022 Virtual Conference.